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Effective on 12/08/2004.  FEE TRANSMITTAL Filling Date  Application Number  Application Number  For FY 2005  For FY 2005  Application Number  Barry WHITE, et al.  Examiner Name  Ismael NEGRON  Art Unit  2875  Attorney Docket No.  3311  METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge ete(s) indicated below  Charge ete(s) indicated below  Charge ete(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  Small Entity  Application Type  Fee (s)  F
First Named Inventor Barry WHITE, et al.    Examiner Name   Ismael NEGRON
Application Type   Fee (\$)   Fee (
Application Type   Fee (\$)   Fee (
METHOD OF PAYMENT (\$) 170.00 Attorney Docket No. 0331  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee Other (please identify):  Charge fee(s) indicated below, except for the filing fee (s) or death indicated below,
METHOD OF PAYMENT (check all that apply)  Check
Check  Credit Card  Money Order  None  Other (please identify):  Deposit Account  Deposit Account Number:  Deposit Account Name:
Deposit Account Deposit Account Number:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(s) Fee
Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  EXAMINATION FEES  Small Entity  Fee (\$) Fee
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments
Under 37 CFR 1.16 and 1.17   WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION
Tell Calculation and authorization on PTO-2038.   FEE CALCULATION
Total Claims   Filing   Fee (\$)
Small Entity   Fee (\$)   Fee (\$)
Application Type   Fee (\$)   Fee (
Application Type   Fee (\$)   Fee (
Design         200         100         100         50         130         65
Plant         200         100         300         150         160         80
Reissue       300       150       500       250       600       300
Provisional         200         100         0         0         0         0         0
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)  Multiple Dependent Claims
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Multiple Dependent Claims
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Multiple Dependent Claims
21 - 20 or HP = 1
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.
3 APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
100 = / 50 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)
Other (e.g., late filing surcharge): One Month Extension (37 CFR 1.17(a)(1)
NIPMITTED BY 0 1
Fignature Registration No. (Attorney/Agent) 33,746 Telephone (513) 229-0383 x104
Iame (Print/Type) Daniel F. Nesbitt (Attorney/Agent) 33,746 (313) 223-0303 ×104

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.